

COLORADO INDIGENT CARE PROGRAM

FISCAL YEAR 2009

MANUAL

SECTION VIII:

**ABILITY-TO-PAY SCALE
&
CLIENT COPAYMENT TABLE**

EFFECTIVE: JULY 1, 2008

**COLORADO INDIGENT CARE PROGRAM
ABILITY-TO-PAY SCALE**

**Effective April 1, 2008 - March 31, 2009
Income Ranges for Each Ability-to-Pay Rate**

Family Size	Z	N	A	B	C	D
1	\$0 - \$4,160	\$0 - \$4,160	\$4,161 - \$6,448	\$6,449 - \$8,424	\$8,425 - \$10,400	\$10,401 - \$12,168
2	\$0 - \$5,600	\$0 - \$5,600	\$5,601 - \$8,680	\$8,681 - \$11,340	\$11,341 - \$14,000	\$14,001 - \$16,380
3	\$0 - \$7,040	\$0 - \$7,040	\$7,041 - \$10,912	\$10,913 - \$14,256	\$14,257 - \$17,600	\$17,601 - \$20,592
4	\$0 - \$8,480	\$0 - \$8,480	\$8,481 - \$13,144	\$13,145 - \$17,172	\$17,173 - \$21,200	\$21,201 - \$24,804
5	\$0 - \$9,920	\$0 - \$9,920	\$9,921 - \$15,376	\$15,377 - \$20,088	\$20,089 - \$24,800	\$24,801 - \$29,016
6	\$0 - \$11,360	\$0 - \$11,360	\$11,361 - \$17,608	\$17,609 - \$23,004	\$23,005 - \$28,400	\$28,401 - \$33,228
7	\$0 - \$12,800	\$0 - \$12,800	\$12,801 - \$19,840	\$19,841 - \$25,920	\$25,921 - \$32,000	\$32,001 - \$37,440
8	\$0 - \$14,240	\$0 - \$14,240	\$14,241 - \$22,072	\$22,073 - \$28,836	\$28,837 - \$35,600	\$35,601 - \$41,652
Poverty Level*	40% & Homeless	40%	62%	81%	100%	117%

Family Size	E	F	G	H	I
1	\$12,169 - \$13,832	\$13,833 - \$16,536	\$16,537 - \$19,240	\$19,241 - \$20,800	\$20,801 - \$26,000
2	\$16,381 - \$18,620	\$18,621 - \$22,260	\$22,261 - \$25,900	\$25,901 - \$28,000	\$28,001 - \$35,000
3	\$20,593 - \$23,408	\$23,409 - \$27,984	\$27,985 - \$32,560	\$32,561 - \$35,200	\$35,201 - \$44,000
4	\$24,805 - \$28,196	\$28,197 - \$33,708	\$33,709 - \$39,220	\$39,221 - \$42,400	\$42,401 - \$53,000
5	\$29,017 - \$32,984	\$32,985 - \$39,432	\$39,433 - \$45,880	\$45,881 - \$49,600	\$49,601 - \$62,000
6	\$33,229 - \$37,772	\$37,773 - \$45,156	\$45,157 - \$52,540	\$52,541 - \$56,800	\$56,801 - \$71,000
7	\$37,441 - \$42,560	\$42,561 - \$50,880	\$50,881 - \$59,200	\$59,201 - \$64,000	\$64,001 - \$80,000
8	\$41,653 - \$47,348	\$47,349 - \$56,604	\$56,605 - \$65,860	\$65,861 - \$71,200	\$71,201 - \$89,000
Poverty Level*	133%	159%	185%	200%	250%

*Percent of federal poverty level which corresponds to the upper limit of income in each rating level.

COLORADO INDIGENT CARE PROGRAM
ABILITY-TO-PAY SCALE
Effective April 1, 2008 - March 31, 2009
Annual Income Ranges for Each Ability-to-Pay Rate

Family Size	Z	N	A	B	C	D
1	\$0 - \$4,160	\$0 - \$4,160	\$4,161 - \$6,448	\$6,449 - \$8,424	\$8,425 - \$10,400	\$10,401 - \$12,168
2	\$0 - \$5,600	\$0 - \$5,600	\$5,601 - \$8,680	\$8,681 - \$11,340	\$11,341 - \$14,000	\$14,001 - \$16,380
3	\$0 - \$7,040	\$0 - \$7,040	\$7,041 - \$10,912	\$10,913 - \$14,256	\$14,257 - \$17,600	\$17,601 - \$20,592
4	\$0 - \$8,480	\$0 - \$8,480	\$8,481 - \$13,144	\$13,145 - \$17,172	\$17,173 - \$21,200	\$21,201 - \$24,804
5	\$0 - \$9,920	\$0 - \$9,920	\$9,921 - \$15,376	\$15,377 - \$20,088	\$20,089 - \$24,800	\$24,801 - \$29,016
6	\$0 - \$11,360	\$0 - \$11,360	\$11,361 - \$17,608	\$17,609 - \$23,004	\$23,005 - \$28,400	\$28,401 - \$33,228
7	\$0 - \$12,800	\$0 - \$12,800	\$12,801 - \$19,840	\$19,841 - \$25,920	\$25,921 - \$32,000	\$32,001 - \$37,440
8	\$0 - \$14,240	\$0 - \$14,240	\$14,241 - \$22,072	\$22,073 - \$28,836	\$28,837 - \$35,600	\$35,601 - \$41,652
9	\$0 - \$15,680	\$0 - \$15,680	\$15,681 - \$24,304	\$24,305 - \$31,752	\$31,753 - \$39,200	\$39,201 - \$45,864
10	\$0 - \$17,120	\$0 - \$17,120	\$17,121 - \$26,536	\$26,537 - \$34,668	\$34,669 - \$42,800	\$42,801 - \$50,076
11	\$0 - \$18,560	\$0 - \$18,560	\$18,561 - \$28,768	\$28,769 - \$37,584	\$37,585 - \$46,400	\$46,401 - \$54,288
12	\$0 - \$20,000	\$0 - \$20,000	\$20,001 - \$31,000	\$31,001 - \$40,500	\$40,501 - \$50,000	\$50,001 - \$58,500
13	\$0 - \$21,440	\$0 - \$21,440	\$21,441 - \$33,232	\$33,233 - \$43,416	\$43,417 - \$53,600	\$53,601 - \$62,712
14	\$0 - \$22,880	\$0 - \$22,880	\$22,881 - \$35,464	\$35,465 - \$46,332	\$46,333 - \$57,200	\$57,201 - \$66,924
15	\$0 - \$24,320	\$0 - \$24,320	\$24,321 - \$37,696	\$37,697 - \$49,248	\$49,249 - \$60,800	\$60,801 - \$71,136
16	\$0 - \$25,760	\$0 - \$25,760	\$25,761 - \$39,928	\$39,929 - \$52,164	\$52,165 - \$64,400	\$64,401 - \$75,348
Poverty Level*	40% & Homeless	40%	62%	81%	100%	117%

Family Size	E	F	G	H	I
1	\$12,169 - \$13,832	\$13,833 - \$16,536	\$16,537 - \$19,240	\$19,241 - \$20,800	\$20,801 - \$26,000
2	\$16,381 - \$18,620	\$18,621 - \$22,260	\$22,261 - \$25,900	\$25,901 - \$28,000	\$28,001 - \$35,000
3	\$20,593 - \$23,408	\$23,409 - \$27,984	\$27,985 - \$32,560	\$32,561 - \$35,200	\$35,201 - \$44,000
4	\$24,805 - \$28,196	\$28,197 - \$33,708	\$33,709 - \$39,220	\$39,221 - \$42,400	\$42,401 - \$53,000
5	\$29,017 - \$32,984	\$32,985 - \$39,432	\$39,433 - \$45,880	\$45,881 - \$49,600	\$49,601 - \$62,000
6	\$33,229 - \$37,772	\$37,773 - \$45,156	\$45,157 - \$52,540	\$52,541 - \$56,800	\$56,801 - \$71,000
7	\$37,441 - \$42,560	\$42,561 - \$50,880	\$50,881 - \$59,200	\$59,201 - \$64,000	\$64,001 - \$80,000
8	\$41,653 - \$47,348	\$47,349 - \$56,604	\$56,605 - \$65,860	\$65,861 - \$71,200	\$71,201 - \$89,000
9	\$45,865 - \$52,136	\$52,137 - \$62,328	\$62,329 - \$72,520	\$72,521 - \$78,400	\$78,401 - \$98,000
10	\$50,077 - \$56,924	\$56,925 - \$68,052	\$68,053 - \$79,180	\$79,181 - \$85,600	\$85,601 - \$107,000
11	\$54,289 - \$61,712	\$61,713 - \$73,776	\$73,777 - \$85,840	\$85,841 - \$92,800	\$92,801 - \$116,000
12	\$58,501 - \$66,500	\$66,501 - \$79,500	\$79,501 - \$92,500	\$92,501 - \$100,000	\$100,001 - \$125,000
13	\$62,713 - \$71,288	\$71,289 - \$85,224	\$85,225 - \$99,160	\$99,161 - \$107,200	\$107,201 - \$134,000
14	\$66,925 - \$76,076	\$76,077 - \$90,948	\$90,949 - \$105,820	\$105,821 - \$114,400	\$114,401 - \$143,000
15	\$71,137 - \$80,864	\$80,865 - \$96,672	\$96,673 - \$112,480	\$112,481 - \$121,600	\$121,601 - \$152,000
16	\$75,349 - \$85,652	\$85,653 - \$102,396	\$102,397 - \$119,140	\$119,141 - \$128,800	\$128,801 - \$161,000
Poverty Level*	133%	159%	185%	200%	250%

*Percent of Federal Poverty Level which corresponds to the upper limit of income in each rating level.

COLORADO INDIGENT CARE PROGRAM CLIENT COPAYMENT TABLE

CICP Rating	Inpatient Hospital Copayment	Physician Copayment	Outpatient Clinic Copayment	Hospital Emergency Room and Specialty Outpatient Clinic Copayment	Prescription and Lab Copayment
N	\$15	\$7	\$7	\$15	\$5
A	\$65	\$35	\$15	\$25	\$10
B	\$105	\$55	\$15	\$25	\$10
C	\$155	\$80	\$20	\$30	\$15
D	\$220	\$110	\$20	\$30	\$15
E	\$300	\$150	\$25	\$35	\$20
F	\$390	\$195	\$25	\$35	\$20
G	\$535	\$270	\$35	\$45	\$30
H	\$600	\$300	\$35	\$45	\$30
I	\$630	\$315	\$40	\$50	\$35
Z	\$0	\$0	\$0	\$0	\$0

The following information explains the different types of medical care charges:

- Hospital inpatient facility charges are for all non-physician (facility) services received by a client while receiving care in the hospital setting for a continuous stay longer than 24 hours. The client is responsible for the corresponding Hospital Inpatient Copayment.
- Hospital outpatient charges are for all non-physician (facility) services received by a client while receiving care in the hospital setting for a continuous stay less than 24 hours (i.e., emergency room care). The client is responsible for the corresponding Hospital Emergency Room Copayment.
- Physician charges are for services provided to a client by a physician in the hospital setting, including emergency room care. The client is responsible for the corresponding Physician Copayment. Please advise clients that they are responsible for these copayments in addition to the inpatient stay copayment and the emergency room visit copayment. Moreover, if CICP clients are being treated in your facility by physicians who are not under contract with you to receive CICP reimbursement, clients should be notified in advance that these physicians do not accept CICP and that the client will be responsible for all charges.
- Outpatient charges are for all non-physician (facility) and physician services received by a client while receiving care in the outpatient clinic setting, but do not include charges from outpatient services provided in the hospital setting (i.e., emergency room care, ambulatory surgery). Outpatient charges include primary and preventive medical care. The client is responsible for the corresponding Outpatient Clinic Copayment.
- Specialty Outpatient charges are for all non-physician (facility) and physician services received by a client while receiving care in the specialty outpatient clinic setting, but do not include charges from outpatient services provided in the hospital setting (i.e., emergency room care, ambulatory surgery). Specialty Outpatient charges include

distinctive medical care (i.e. oncology, orthopedics, hematology, pulmonary) that is not normally available as primary and preventive medical care. The client is responsible for the corresponding Specialty Outpatient Clinic Copayment. A qualified health care provider must receive written approval from the Department to charge the Specialty Outpatient Clinic Copayment.

- Laboratory Service charges are for all laboratory tests received by a client not associated with an inpatient facility or hospital outpatient charge during the same period. The client is responsible for the corresponding Laboratory Services Copayment.
- Prescription charges are for prescription drugs received by a client at a qualified health care provider's pharmacy as an outpatient service. The client is responsible for the corresponding Prescription Copayment. To encourage the availability of discounted prescription drugs, providers are allowed to modify (increase or decrease) the Prescription Copayment with the written approval of the Department.
- Ambulatory Surgery charges are for all operative procedures received by a client who is admitted to and discharged from the hospital setting on the same day. The client is responsible for the corresponding Inpatient Hospital Copayment for the non-physician (facility) services and the corresponding Physician Copayment for the physician services.
- The client is responsible for the corresponding Hospital Inpatient Copayment for Magnetic Resonance Imaging (MRI), Computed Tomography (CT) Positron Emission Tomography (PET), and nuclear medicine services received by the client. The copayment for these services is in addition to emergency room and outpatient or specialty outpatient copayments applicable to the client when the MRI, CT, PET or nuclear medicine services are ordered by a physician.
- Z-Rating. Effective July 1, 2008, clients who are at or below 40% of the Federal Poverty Level (qualify for an N-Rating) and are: homeless individuals, or individuals living in transitional housing designed to promote self-sufficiency, or individuals who have no permanent residence of their own and are temporarily residing with others who have no legal obligation to financially support them, or recipients of Colorado's Aid to the Needy Disabled financial assistance program, shall be given a Z-Rating. These clients are exempt from copayments.
- Observation Stay. If a client is in the hospital for more than 24 hours, the Hospital Inpatient copayment is charged. If a client is in the hospital for less than 24 hours, the Hospital Emergency Room copayment is charged, unless one of the following procedures takes place: ambulatory surgery, MRI, CT Scan, PET Scan or Nuclear Medicine, in which then the Hospital Inpatient copayment is charged.